

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>101518389</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
10 REASON:		8 TO BE REFUNDED BY: <u>Treasury Check</u>	
Overpayment		Credit Deposit A/C #: <u>9 81 189-12 XXXXXXXX1201</u>	
Duplicate Payment			
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		TITLE:	
SIGNATURE:		PHONE: <u>-520.00 OP</u>	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED:		DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B